

**State:** Arkansas  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
**Product Name:** Group Term Life  
**Project Name/Number:** 2013 Valuation Interest Rate Change/S-1031(12/12)

## Filing at a Glance

Company: Fidelity Security Life Insurance Company  
Product Name: Group Term Life  
State: Arkansas  
TOI: L04G Group Life - Term  
Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 12/14/2012  
SERFF Tr Num: FDLT-128807116  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: S-1031(12/12)  
  
Implementation: On Approval  
Date Requested:  
Author(s): Jennifer Glaser, Kelly Humiston, Teresa Saling, Danielle Menzel  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 12/18/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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**Filing Company:** Fidelity Security Life Insurance Company

## General Information

Project Name: 2013 Valuation Interest Rate Change

Project Number: S-1031(12/12)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 12/18/2012

State Status Changed: 12/18/2012

Created By: Teresa Saling

Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filing was submitted to our domicile state of Missouri on 12/11/12.

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Danielle Menzel

Filing Description:

Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

2013 Valuation Interest Rate Change

Group Term Life

Actuarial Memorandum for M-1031

Actuarial Memorandum for R-02737 Child Term Life Insurance Rider

Actuarial Memorandum for R-02741 10-Year Term Life Insurance Benefit Rider

S-1031(12/12) Schedule

We respectfully submit the above referenced form and Actuarial Memoranda. The Actuarial Memoranda change the maximum statutory valuation (reserve) interest rate from 4% to 3.5% for policies issued on or after January 1, 2013.

The Policy form, M-1031 was approved by your state on 11/16/1998. The Child Term Life Insurance Rider R-02737 was approved by your state on 5/11/2000. The 10-Year Term Life Insurance Benefit Rider R-02741 was also approved by your state on 5/11/2000.

The Schedule page has been revised to remove reference to Valuation Mortality Table and Valuation Interest Rate. This page has now been given a form number of S-1031(12/12) and has been attached to the Forms Schedule tab for your approval. No other changes are being made to the forms.

If you have questions or need additional information, please do not hesitate to contact me at 1-800-648-8624 (extension 1143) or e-mail me at [jglaser@fslins.com](mailto:jglaser@fslins.com).

## Company and Contact

### Filing Contact Information

Jennifer Glaser, Sr. Contract Analyst

3130 Broadway

Kansas City, MO 64111-2406

[jglaser@fslins.com](mailto:jglaser@fslins.com)

800-648-8624 [Phone] 1143 [Ext]

816-751-6026 [FAX]

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**Filing Company Information**

Fidelity Security Life Insurance Company	CoCode: 71870	State of Domicile: Missouri
3130 Broadway	Group Code: 451	Company Type: Life & Health
Kansas City, MO 64111-2406	Group Name:	State ID Number:
(800) 648-8624 ext. [Phone]	FEIN Number: 43-0949844	

**Filing Fees**

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: Other forms filed separately are \$20.00 for each form. Missouri filing fee is \$50.00 per filing, per company. Therefore, we submit our domicile fee of \$50.00.  
Per Company: No

Company	Amount	Date Processed	Transaction #
Fidelity Security Life Insurance Company	\$50.00	12/14/2012	65749424

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Fidelity Security Life Insurance Company
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/18/2012	12/18/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Fidelity Security Life Insurance Company
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## Disposition

Disposition Date: 12/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Actuarial Memoranda		No
Supporting Document	Statement of Variables		Yes
Form	Certificate Schedule		Yes

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## Form Schedule

Lead Form Number: S-1031(12/12)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Certificate Schedule	S-1031(12/12)	SCH	Initial			S-1031(12-12).pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# CERTIFICATE SCHEDULE

POLICYHOLDER: {"ABC" ASSOCIATION}  
 {PARTICIPATING ORGANIZATION: {"ABC" GROUP}}

**INSURED:** Policy Number: {Policy Number}  
 {John S. Doe {Certificate Number: {987654}}  
 123 Elm St. Effective Date: {01/01/2013}  
 Anytown, Anystate 99999 Exchange Date: {01/01/2023}  
 Maturity Date: {01/01/2048}  
 {Insured Person's ID#: {123456}}  
 Issue Age: {35}  
 Sex: {Male}  
 {{Underwriting}} {Premium} Class: {Standard}}  
 {Base Plan Code: {#####}}

FACE AMOUNT: {\$ 100,000}  
 10<sup>TH</sup> YEAR ENDOWMENT VALUE: {\$ 2,100} (Payable on the Exchange Date)

OWNER: {As designated and on file with the Company} {John S. Doe}  
 BENEFICIARY: {As designated and on file with the Company}

Insured's Coverage:	Benefit	Initial Premium*	Payment Period (in years)
GROUP MODIFIED PREMIUM TERM TO 100	{ \$ 100,000}	{\$ 1,570.00}	{ 65}
WAIVER OF PREMIUM FOR TOTAL DISABILITY RIDER		{ 168.00}	{ 25}
WAIVER OF PREMIUM FOR FLEXIBLE PREMIUM ANNUITY		{ 41.47}	{ 25}
ACCIDENTAL DEATH BENEFIT RIDER	{ 100,000}	{ 145.00}	{ 35}
ADDITIONAL PURCHASE OPTION BENEFIT RIDER	{ 100,000}	{ 51.00}	{ 10}
MONTHLY DISABILITY INCOME BENEFIT RIDER	{ 100}	{ 62.20}	{ 25}
CHILD TERM LIFE INSURANCE BENEFIT RIDER	{ 10,000}	{ 75.00}	{ 25}
ACCELERATED DEATH BENEFIT RIDER	{ 0}	{ 0.00}	{ --}
FLEXIBLE PREMIUM ANNUITY BENEFIT RIDER	{ 0}	{ 0.00}	{ --}
10 YEAR TERM INSURANCE BENEFIT RIDER - INSURED	{ 100,000}	{ 200.00}	{ 10}
CRITICAL ILLNESS BENEFIT RIDER	{ 50,000}	{ 159.00}	{ 10}
(exception: FIRST CORONARY ARTERY BYPASS SURGERY)	{ 25,000}		

**{OTHER INSURED(S):}** Effective Date: Issue Age: Sex: Premium Class:  
 Name: Jane A. Doe { 01/01/2013} { 35} { F} { Standard}

Other Insureds' Coverage - 10 Year Term Insurance Benefit Rider	Benefit	Initial Premium*	Payment Period
Jane A. Doe	{ 100,000}	{ 170.00}	{ 10}

**TOTAL ANNUAL PREMIUM** {(INSURED & OTHER INSURED(S))} {2,641.67}  
 (INCLUDES \$35.00 CERTIFICATE FEE)

MODE PREMIUM: {2,641.67} PAYABLE: {Annually}

\* SUBSEQUENT PREMIUMS ARE SHOWN IN THE TABLE OF PREMIUMS.

The Flexible Premium Annuity Rider is payable beginning in the second year unless elected sooner. The premium is equal to the difference between the initial premium and the second year premium for the Certificate. The Flexible Premium Annuity Rider premiums are optional and can be increased or decreased.

ELECTED FLEXIBLE PREMIUM ANNUITY RIDER AMOUNT: {\$ 800.00} PAYABLE: {Annually}  
 ANNUITANT: {As designated and on file with the Company}

ANY MONTHLY DISABILITY INCOME BENEFIT WILL CEASE ON: {01/01/2048}

THIS SCHEDULE IS ATTACHED TO AND MADE A PART OF YOUR CERTIFICATE OF INSURANCE. THIS SCHEDULE REPLACES AND CANCELS ALL OTHER CERTIFICATE SCHEDULES ISSUED PRIOR TO THE DATE SHOWN BELOW FOR THE INSURED PERSON NAMED UNDER THIS POLICY NUMBER.

# CERTIFICATE SCHEDULE

**POLICY NUMBER:** {Policy Number}

## TABLE OF DEATH BENEFIT AMOUNTS AND GUARANTEED VALUES

THE VALUES SHOWN BELOW ARE FOR THE FACE AMOUNT OF INSURANCE SHOWN IN THE SCHEDULE AND ASSUME ALL REQUIRED PREMIUMS ARE PAID TO THE END OF EACH CERTIFICATE YEAR. THESE VALUES ARE ADJUSTED FOR ANY LOAN ON THE CERTIFICATE. VALUES UNDER ANY RIDERS ARE NOT INCLUDED. **SEE FLEXIBLE PREMIUM ANNUITY BENEFIT RIDER FOR DESCRIPTION OF ADDITIONAL ACCOUNT VALUES.**

END OF POLICY YEAR	ATTAINED AGE OF INSURED	INSURANCE AMOUNT	GUARANTEED CASH OR LOAN VALUE	EXTENDED TERM INSURANCE		
				YEARS	DAYS	PURE ENDOWMENT
1	36	102,100	0.00	0	0	0.00
2	37	102,100	0.00	0	0	0.00
3	38	102,100	0.00	0	0	0.00
4	39	102,100	0.00	0	0	0.00
5	40	102,100	0.00	0	0	0.00
6	41	102,100	377.00	2	11	0.00
7	42	102,100	805.00	3	0	300.00
8	43	102,100	1,237.00	2	0	900.00
9	44	102,100	1,670.00	1	0	1,500.00
10	45	102,100	2,100.00	PAID-UP	PAID-UP	PAID-UP
11	46	100,000				
12	47	91,419				
13	48	85,231				
14	49	80,994				
15	50	96,099				
16	51	70,844				
17	52	65,023				
18	53	58,936				
19	54	53,167				
20	55	47,513				
21	56	42,485				
22	57	38,155				
23	58	34,843				
24	59	32,098				
25	60	29,406				
26	61	26,635				
27	62	23,900				
28	63	21,341				
29	64	19,143				
30	65	17,269				
30	65	17,269				
40	75	6,932				
50	85	2,502				

NOTE: THE AMOUNT SHOWN ABOVE UNDER GUARANTEED CASH OR LOAN VALUE FOR THE 10<sup>TH</sup> YEAR IS THE ENDOWMENT VALUE. AFTER THE 10<sup>TH</sup> YEAR THE FACE AMOUNT OF INSURANCE DECREASES ANNUALLY ON THE POLICY ANNIVERSARY, AND THE DEATH BENEFIT IS EQUAL TO THE FACE AMOUNT.

LOAN INTEREST RATE: 8.00% IN ARREARS

REINSTATEMENT INTEREST RATE: 6.00%

BASIS OF CASH VALUES: 2001 COMMISSIONERS STANDARD ORDINARY TABLE, MALE/FEMALE, AGE LAST BIRTHDAY; INTEREST RATE 5.00%.



**{TABLE OF PREMIUMS**  
**GUARANTEED PREMIUMS SHOWN**

THE ANNUAL PREMIUM IS THAT PREMIUM WHICH IS PAYABLE ON THE DATE SHOWN. PREMIUMS FOR ALL RIDERS, EXCEPT ANY FLEXIBLE PREMIUM ANNUITY RIDER, ARE INCLUDED.

POLICY YEAR BEGINNING	ANNUAL PREMIUM	POLICY YEAR BEGINNING	ANNUAL PREMIUM
JAN 01, 2013	\$ 2,641.67	JAN 01, 2056	1,211.00
JAN 01, 2014	1,841.67	JAN 01, 2057	1,211.00
JAN 01, 2015	1,841.67	JAN 01, 2058	1,211.00
JAN 01, 2016	1,841.67	JAN 01, 2059	1,211.00
JAN 01, 2017	1,841.67	JAN 01, 2060	1,211.00
JAN 01, 2018	2,282.67	JAN 01, 2061	1,211.00
JAN 01, 2019	2,282.67	JAN 01, 2062	1,211.00
JAN 01, 2020	2,282.67	JAN 01, 2063	1,211.00
JAN 01, 2021	2,282.67	JAN 01, 2064	1,211.00
JAN 01, 2022	2,282.67	JAN 01, 2065	1,211.00
JAN 01, 2023	1,702.67	JAN 01, 2066	1,211.00
JAN 01, 2024	1,702.67	JAN 01, 2067	1,211.00
JAN 01, 2025	1,702.67	JAN 01, 2068	1,211.00
JAN 01, 2026	1,702.67	JAN 01, 2069	1,211.00
JAN 01, 2027	1,702.67	JAN 01, 2070	1,211.00
JAN 01, 2028	1,702.67	JAN 01, 2071	1,211.00
JAN 01, 2029	1,702.67	JAN 01, 2072	1,211.00
JAN 01, 2030	1,702.67	JAN 01, 2073	1,211.00
JAN 01, 2031	1,702.67	JAN 01, 2074	1,211.00
JAN 01, 2032	1,702.67	JAN 01, 2075	1,211.00
JAN 01, 2033	1,702.67	JAN 01, 2076	1,211.00
JAN 01, 2034	1,702.67	JAN 01, 2077	1,211.00
JAN 01, 2035	1,702.67		
JAN 01, 2036	1,702.67		
JAN 01, 2037	1,702.67		
JAN 01, 2038	1,356.00		
JAN 01, 2039	1,356.00		
JAN 01, 2040	1,356.00		
JAN 01, 2041	1,356.00		
JAN 01, 2042	1,356.00		
JAN 01, 2043	1,356.00		
JAN 01, 2044	1,356.00		
JAN 01, 2045	1,356.00		
JAN 01, 2046	1,356.00		
JAN 01, 2047	1,356.00		
JAN 01, 2048	1,211.00		
JAN 01, 2049	1,211.00		
JAN 01, 2050	1,211.00		
JAN 01, 2051	1,211.00		
JAN 01, 2052	1,211.00		
JAN 01, 2053	1,211.00		
JAN 01, 2054	1,211.00		
JAN 01, 2055	1,211.00		

For the 10 Year Term Insurance Benefit Rider only, We reserve the right to decrease the premium for years 2 - 10.}

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variables		
Comments:	Please see attached.		
Attachment(s):			
S-1031(12-12) Statement of Variables.pdf			

## EXPLANATION OF VARIABLES

### Form S-1031(12/12)

POLICYHOLDER	Policyholder's Name
PARTICIPATING ORGANIZATION	Participating Organization Name
<b>INSURED</b>	This section is customized with the Insured's information.
<b>Insured's Coverage</b>	Customized with the Insured's benefit information.
<b>OTHER INSURED(S)</b>	In or Out and customized, depending upon whether Dependent coverage is elected.
<b>TOTAL ANNUAL PREMIUM</b>	Customized with the Insured's premium information.
PAYABLE	Mode for Premium chosen by the Insured. May be Monthly, Semi-Annually or Annually.
ANNUITANT	Either the statement or the Annuitant's name.
DATE PREPARED	The date the Certificate Schedule was prepared.
<b>TABLE OF DEATH BENEFIT AMOUNTS AND GUARANTEED VALUES</b>	Based on the Insured's age at time of issue and amount of Life insurance purchased.
<b>TABLE OF PREMIUMS</b>	Based on the Insured's age at time of issue and amount of Life insurance purchased.